existed. However, the Committee, upon a thorough review of the scientific literature and internal documents from government and industry, did find evidence that thimerosal did pose a risk.

Thimerosal used as a preservative in vaccines in likely related to the autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin. Our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry.

NATIONAL WAR PERMANENT TRIBUTE HISTORICAL DATABASE ACT

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 21, 2003

Mr. UDALL of Colorado. Mr. Speaker, today, I am introducing legislation titled the ''National War Permanent Tribute Historical Database Act,'' that will help the Department of Interior and the Department of Veterans' Affairs keep track of the many important war memorials on public lands throughout our country. It would also provide a report to Congress to determine if there should be a permanent fund within the Treasury for the upkeep of these memorials.

The freedom we enjoy in the United States has not just been given to us. Men and women have made great sacrifices, some with their lives, to protect our way of life. We have erected memorials to honor these soldiers, sailors, and aviators and their valiant deeds. Unfortunately many of these memorials don't receive the care they deserve and have fallen into disrepair. These memorials may not be as large as those on the National Mall or Arlington National Cemetery but they are just as important and should be taken care of.

In 2000, Congress agreed to a resolution expressing the need for cataloging and maintaining public memorials. The National War Permanent Tribute Historical Database Act would follow through with this sense of Congress and take a first step by cataloging our public war memorials.

Mr. Speaker, as we honor America's men and women in uniform this Memorial Day, many of us will be thinking these soldiers who have recently been fighting in Iraq and Afghanistan. But the other conflicts America's service men and women have fought in should not be forgotten. These memorials remind people what their local men and women did to protect our country. By cataloging and reporting to Congress on the condition of all of our war memorials on public lands and by considering how to maintain them we make sure that our veterans are not forgotten. Passage of this bill would be a step toward renewing our commitment to honor our nation's veterans.

INTRODUCTION OF THE MEDICARE OUT-OF-POCKET SPENDING LIMIT ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 21, 2003

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Out-of-Pocket Spending Limit Act of 2003. This legislation protects Medicare beneficiaries from potentially ruinous medical bills by ensuring they will never have to pay more than $2,000 out-of-pocket for Medicare services. It does so without limiting seniors' choice of physician and without forcing seniors to leave Medicare and join a private plan. In short, it is real Medicare reform, the kind of reform that seniors and people with disabilities want and need.

President Bush and many of my Republican colleagues portray Medicare as a disastrous program that is broken, bankrupt, and dumb. They think private insurers—the same ones who refused to cover seniors back in 1965 when Medicare was created—can do a better job than Medicare has done for the last 38 years.

More than 40 million seniors and individuals with disabilities know that President Bush and Congressional Republicans are wrong. They know that Medicare is a vitally important program that successfully protects some of the most vulnerable among us. They want us to strengthen Medicare, not undermine it. That is why I am introducing the Medicare Out-of-Pocket Spending Limit Act.

The bill I am introducing today provides an essential Medicare improvement for all Medicare beneficiaries. Today Medicare covers about 52% of seniors' health costs, leaving many to pay significant medical bills out of their own pockets. Medicare beneficiaries with chronic conditions or catastrophic illnesses face the greatest risk of potentially unlimited health costs. Most Medicare beneficiaries have incomes below $20,000 per year and cannot afford to spend a large share of their income on health care.

The Medicare Out-of-Pocket Spending Limit Act will offer seniors the security of knowing that they will never have to pay more than $2,000 out-of-pocket on Medicare services per year. Current and future Medicare beneficiaries will have the option of enrolling in this new, voluntary benefit at an affordable premium. Beneficiaries with incomes below 175 percent of the federal poverty level would pay reduced or zero premiums.

The benefits provided by the Medicare Out-of-Pocket Spending Limit Act are long overdue. In testimony before the Ways and Means Health Subcommittee this month, the Chairman of the Medicare Payment Advisory Commission identified the lack of a spending limit as a ''serious limitation of the Medicare benefit package.'' In January 2003, the National Academy of Social Insurance's Study Panel on Medicare and Chronic Care in the 21st Century recommended that Congress ''limit cost-sharing requirements by adding an annual cap on out-of-pocket expenditures for covered services.'' The Medicare Out-of-Pocket Spending Limit Act follows through on these expert recommendations.

Importantly, the Medicare Out-of-Pocket Spending Limit Act provides these improvements in traditional Medicare. Unlike the President's and the Congressional Republicans' plan to ''reform'' Medicare by ending it as a defined benefit for all beneficiaries, my bill will guarantee that elderly and disabled Americans will never be forced to give up traditional Medicare in order to get crucial benefits. Beneficiaries will be free to choose between the traditional Medicare program and private plans. But it will be a real choice, not coerced through the lure of more generous coverage. Seniors should never have to choose between the doctors they know and trust and the coverage they need.

This legislation is supported by beneficiary advocacy groups including: Families USA, the Center for Medicare Advocacy, the Alliance for Retired Americans, and the Medicare Rights Center. I urge my colleagues to join us in support of strengthening Medicare for all seniors and disabled Americans by cosponsoring the Medicare Out-of-Pocket Spending Limit Act.

Below is a more detailed summary of the legislation:

MEDICARE OUT-OF-POCKET SPENDING LIMIT ACT OF 2003—SUMMARY

This bill would improve Medicare for all beneficiaries by adding a new voluntary benefit to the traditional Medicare program. Seniors and disabled Americans electing this coverage would be protected from extraordinary out-of-pocket costs when they need medical care. The additional benefit—created under a new Medicare Part D—would have the following features:

Out-of-pocket limit. Beneficiaries enrolled in the new benefit would never pay more than $2,000 out-of-pocket per year for services covered under the traditional Medicare program. The out-of-pocket spending limit would be adjusted each year by the growth in average per capita spending under this new benefit.

Eligibility and enrollment. Beneficiaries entitled to Medicare Part A and enrolled in Part B would be eligible for the new benefit. Current Medicare beneficiaries would have a one-time six-month open enrollment period to elect this coverage. Otherwise, normal Medicare enrollment rules would apply.

Premiums. Premiums for the new benefit would be calculated in the same manner as Medicare Part B premiums (25 percent of estimated program costs), with a late enrollment penalty for beneficiaries who choose not to enroll during the open enrollment period.

Low-income beneficiaries. Beneficiaries with incomes up to 150 percent of poverty would be eligible for the new benefit with no additional premiums. Beneficiaries with incomes between 150 percent and 175 percent of poverty would be eligible for the new benefit with a sliding scale premium. No assets test would be used in determining eligibility for these additional low-income protections. These low-income benefits would be administered by the States but 100 percent federally funded.

Medicare+Choice. All Medicare+Choice plans would have to provide the out of-pocket spending limit benefit. Plans would be